

Entered -02-27-01 - sb
CL 01L0135 - GWENDOLYN BURNS

CLAIM OF:

BRIAN D. ROOTE
370 Alberta Terrace, NE
Apartment E-4
Atlanta, Georgia 30305

01- *R* -0375

For vehicular damages alleged to have been sustained from a "hit and run" automobile accident on February 9, 2001 at 370 Alberta Terrace, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0135

Date: March 2, 2001

Claimant /Victim BRIAN D. ROOTE
BY: (Atty) (Ins. Co.) _____
Address: 370 Alberta Terrace NE, Atlanta, Georgia 30305
Subrogation: _____ Claim for Property damage \$ 1,500.00 Bodily Injury \$ _____
Date of Notice: 2/26/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) _____ X
Date of Occurrence 2/9/01 Place: 370 Alberta Terrace NE
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when it was struck by an "anonymous driver" during a power outage. However, the City is not responsible for the actions of a third party.

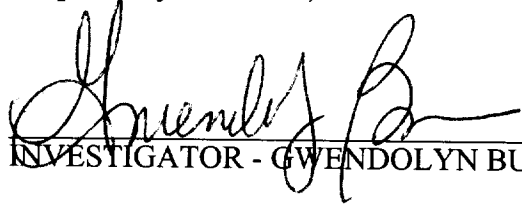
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 03-02-01
Committee Action: _____ Council Action _____

BURNS

RECEIVED FEB 26 2001 02/26/01

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 2/26/01

Dear Municipal Clerk:

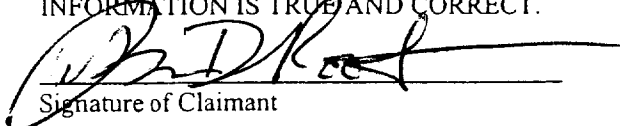
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01L0135 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,500.00 - 2,000.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 2/9/01 (month/day/ year) 2. Time of Incident: 9:00 pm 3. Police called: X Yes No
4. Location of incident (including street address): 370 Alberta Ter N.E.
5. Name of your insurance company: Permanent General Policy No. GA6363540
6. State what and how incident occurred: During the rainstorm there was a power outage. My car was hit on the passenger front end (right front end). I was not in the car and did not notice damage until the next day.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Saturn 1994 none Brian D. Roote
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: NONE
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.


Signature of Claimant

Brian D Roote
(Print Claimant's Name)
370 Alberta Ter NE Apt E4
(Address)
Atlanta, GA 30305
(City, State and Zip Code)
404 365 8155 404 848 9806
(Work Number) (Home Number)

01-2-0375